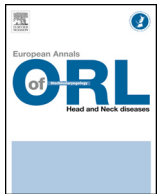




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Editorial

Abecedarium: Who am I? R' . . .



Dearest colleagues,

I was born on December 2nd, 1833, in Gütersloh, Westphalia. After distinctly successful studies at Würzburg, Bonn and Berlin, where I graduated in 1855, I travelled all over Europe for internships. I did my residency under Virchow, and described lymph vessel drainage of connective tissue. Then, I was appointed head of the Würzburg pathology department before being transferred to the Kaiser Wilhelm University in Strassburg in April 1872. In point of fact, I was one of the scientists sent to this fine French city after the 1870 annexation of Alsace, as part of the “Prussification” of education there. This idea was to have an afterlife: following World War Two, our great German universities were subjected to a corresponding process by the Allies. . .

According to all the records, I was, if intellectually rigid, a jovial fellow, easy to get on with, and with a real flair for teaching. I was married, had children: my private life was unexceptional. With respect to your everyday concerns, dear reader, my description of bone lesions in hyperparathyroidism might interest you, but it is primarily otologists who often think of me, because of a form of perceptual hearing loss due to neurofibromatosis that is still to this day named for me. This entity has several variants: my 1881 princeps study concerned type-2 neurofibromatosis, a genetic disease with dominant autosomal transmission, associated with onset of bilateral vestibular schwannoma, which is not to be confused with type 1, where schwannoma is the exception, not the rule.

In the course of a long career, I received all of the highest honours to which a physician of my time could aspire. Head of department, rector, dean – I was the reference for a whole generation, for whom I was the natural successor of Rudolph Virchow. On my death in 1910, a marble bust was even raised in my memory in the Strassburg Faculty.

Glory, however, does not always save us from errors of judgment. I got into a quarrel with Koch, and wrote that attributing tuberculosis to the alcohol-resistant bacillus that he had isolated was like saying that the pyramid-like piles of horse manure that filled the city streets were due to the sparrows that perched on top to peck them! Your own specialty is not immune to such attitudes, be it advocating or opposing some new theory and/or questioning a diagnosis or treatment option. Flourens, for example, experimenting on pigeons, demonstrated the primordial role the semicircular canals play in balance – but also penned a whole book against Darwin. The theories developed by the ENT surgeon Wilhelm Fliess, friend and mentor of Sigmund Freud, were no less extravagant, based as they were on a direct link between nasal and genital

pathology. Trousseau recommended fumigation with tobacco smoke for laryngeal tuberculosis. More aggressively, an English ear doctor by the name of Stevenson instilled caustic substances into the external auditory canal as a means of curing deafness; after such painstaking treatment, Arthur Wellesley, Duke of Wellington, who was already suffering from acoustic trauma, developed a vestibulitis that very nearly killed him, leaving sequelae of tinnitus and profound left deafness. Velpeau, in response to the development of indirect laryngoscopy, pronounced digital examination to be quite sufficient to explore the cavum and larynx. The first working otoscope presented before the Medical Society of London in 1862 by John Brunton fared no better: your illustrious Politzer declared it unusable and not to be recommended in medicine. And finally, what is one to think about the violent clash between my fellow German surgeons and the laryngologist Morell Mackenzie regarding the laryngeal cancer of Frederick III of Prussia? The consequences of this conflict were, historians might say, world-shattering!

Bear in mind: Errare humanum est, perseverare diabolicum . . .

Mit besten Grüßen,

Friedrich Daniel von Reclinghausen (Fig. 1)



Fig. 1.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning the data of the present study.

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